-									Application or Docket Number						
	PATENT.	ORO													
Effective October 1, 2003										10695325					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER TO						
TOTAL CLAIMS			19					RATE		FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE: CLAIMS			19 minus 20=		. 0			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			ζ minus 3 =		· ව			X43=			OR	X86=			
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			OR	+290=			
- 11	the difference	in column 1 is	less than zero, enter "0" in colu			column 2	1	TOTAL			OR	TOTAL	770		
CLAIMS AS AMENDED - PART II									_ [,	OTHER			
	(Column 1) (Column 2) (Column 3)							SMAL	LE	NTITY	OR	SMALL			
MTA		REMAINING N AFTER PRE		HIGHI NUME PREVIO	BER	PRESENT EXTRA		RATE		ADDI- TIONAL		PATE	ADDI- TIONAL		
AMENDMENT	Total	• 21	Minus	PAID I		=	 	X\$ 9=	. 1	FEE /	OR	X\$78=	FEE Su-		
Ē	Independ ent		Minus	***	2 <u>リ</u>	v	1	X43=	-1	/		X86=	30		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		1	A40=	\dashv	_/_	OR	7002				
								+145=			OR	+290=			
								TOTA LODIT. FE		1	OR	YOYAL ADDIT. FEE	20-0		
	6-20-0\ (Column 1) (Column 2) (Column 3)														
ENT B		REMAINING AFTER AMENDMENT	·	PREVIO	ER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	• 19	Minus	- 2	.)][X\$ 9=	T		OR	X\$18=			
AME	Independent	• 4	Minus	***	3	<u>* </u>		X43=	7		OR	X8X-	200-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +14											OR	+290=			
•									E	$\overline{/}$	OR ,	TOTAL COTT. FEE	200-60		
(Column 1) (Column 2) (Column 3)											•				
၁	`	CLAIMS REMAINING	-	HIGHE NUMB	Sĭ	PRESENT	Г	-	T	ADDI-	1		ADDI-		
AMENDMENT C		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE		TONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	440		3	lſ	X\$ 9=	T		OR	X\$18-			
	Independent	•	Minus	- 664		2		X43=	1		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									· ·	Ī				
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290= TOTAL			
The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ADDIT. FEE OR. ADDIT. FEE OR. ADDIT. FEE															
		ber Previously Paid					r foun	d in the s	d bte	opriate box	in coA	imo 1.			